

# **INFANT SUPPORT SERVICES RISK SCREENING TOOL**

**Infant Referred For ISS**

☐ Yes ☐ No

**Infant Name:**

\_\_\_\_\_  
Last First Middle

**D.O.B.:**

\_\_\_\_\_

**Medicaid ID #:**

\_\_\_\_\_

**County:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Alternate**

**Telephone:**

\_\_\_\_\_

**Mother/Caregiver:**

\_\_\_\_\_

**Additional Contact**

**Person:**

\_\_\_\_\_

**Telephone Number:**

\_\_\_\_\_

**Medical Care Provider**

**Name:**

\_\_\_\_\_

**Telephone Number:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Medicaid Health Plan**

**Name:**

\_\_\_\_\_

**1. Need for assistance to care for your infant**

Are you good at following directions/instructions? ☐ Yes ☐ No

Barriers: ☐ language ☐ literacy\* Education level \_\_\_\_\_

Physical limitations \_\_\_\_\_

Describe where you live:

☐ Rent ☐ Own your home ☐ With relatives

☐ Shelter\* ☐ Motel\* ☐ Car\*

**2. Failure to thrive**

How often do you feed your baby in a day? \_\_\_\_\_

Do you: ☐ Breast feed ☐ Bottle feed

Supplement with \_\_\_\_\_

Is your baby losing weight? ☐ Yes\* ☐ No

Does your baby have any other health problems that concern you?

Explain: \_\_\_\_\_  
\_\_\_\_\_

**3. Mother with cognitive, emotional or mental needs**

How are you coping with taking care of your baby?

☐ Good ☐ Bad\* ☐ O.K.

Do you feel stressed? ☐ Yes\* ☐ No

Do you have a history of postpartum depression? ☐ Yes\* ☐ No

Do you have any concerns about your mental or emotional health?

☐ Yes\* ☐ No

**4. Low Birth Weight**

What was the birth weight of your baby? \_\_\_\_\_

☐ >2500 grams or ☐ <2500 grams

What week of the pregnancy was your baby born? \_\_\_\_\_

**5. Family support**

Are you under 18 years old? ☐ Yes\* ☐ No

Who do you currently live with? \_\_\_\_\_

Who supported you during pregnancy? \_\_\_\_\_

Who can you count on for support from?

the baby's father? ☐ Yes ☐ No\*

a parent? ☐ Yes ☐ No\*

a friend? ☐ Yes ☐ No\*

Anyone else? \_\_\_\_\_

**6. Homeless/dangerous living situation**

Do you worry about anyone mistreating your child/children?

☐ Yes\* ☐ No

Do you/baby feel safe in your home? ☐ Yes ☐ No\*

Are you planning on moving from current location?

☐ Yes ☐ No ☐ Don't Know

**7. Family history of mother's abuse/neglect**

Have you ever been abused? ☐ Yes\* ☐ No

Have you ever been neglected? ☐ Yes\* ☐ No

**8. Abuse of alcohol, street drugs or tobacco products**

Do you smoke? ☐ Yes\* ☐ No

Do you drink alcohol (beer, wine, liquor) when you are pregnant?

☐ Yes\* ☐ No

Do you use drugs not prescribed by your doctor?

☐ Yes\* ☐ No

Does someone in your household use drugs?

☐ Yes\* ☐ No

**9. Any other condition that may place the infant at risk for death, illness, or significant impairment?**

Explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: A yes or check to an asterisk ( \* ) question indicates a referral of ISS. Provider judgment must be used in making appropriate referrals.

Infant's Name: \_\_\_\_\_

## **INFANT SUPPORT SERVICES RISK SCREENING TOOL**

### **INSTRUCTIONS:**

1. If the responses to Items 2-10 indicate no other high-risk situation, and responses to questions in Item 1 indicate no experience or knowledge of dealing with pregnancy/baby, the beneficiary needs only Parenting Education. Enrollment in ISS is not required.
2. Based on the responses to questions for Item 2, assess the need for transportation and, as appropriate, make arrangements to transport beneficiary for appointments.
3. A check/yes response to an asterisk (\*) question indicates an automatic referral for ISS. Non-asterisk items should be referred based on provider judgment.

### **CAREGIVER:**

I understand I may qualify to receive ISS, but I do not want these services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **MEDICAL or ISS CARE PROVIDER**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Note: A yes or check to an asterisk ( \* ) question indicates a referral of ISS. Provider judgment must be used in making appropriate referrals.